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SPECIAL MILK PROGRAM GUIDANCE MANUAL

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SPECIAL MILK PROGRAM

The Special Milk Program (SMP) encourages the consumption of milk by school-age children (including pre-school) by offering full or partial reimbursement to schools and organizations for milk served to children. The School Health and Nutrition Programs office at the Arizona Department of Education (ADE) administers the SMP in Arizona. The U.S. Department of Agriculture (USDA) provides the funding for the SMP.

PARTICIPATION

The SMP is available to children of all schools or nonprofit child care institutions which do not participate in the National School Lunch Program (NSLP), School Breakfast Program (SBP), the Child and Adult Care Food Program (CACFP), or Summer Food Service Program (SFSP). This includes nonprofit day care centers, summer camps, settlement houses and homeless shelters. To be eligible, a shelter's primary purpose must be to provide shelter and a minimum of one regularly scheduled meal service per day to homeless families. The shelter cannot be a residential child care institution.

The SMP is also available to students attending a split-session kindergarten or pre-primary students in a school that participates in the NSLP or SBP, if those students do not have access to the lunch or breakfast programs.

Schools and organizations (known as program sponsors) wishing to participate in the SMP are required to submit an online Site and Sponsor Application to the ADE for approval prior to beginning the SMP. Application information may be obtained by visiting the ADE website at www.ade.az.gov/health-safety/cnp/nslp/Operating/HowtoApply.asp or by calling the School Health and Nutrition Programs office at (602) 542-8700 or 1-800-352-4558.

REIMBURSEMENT PAYMENTS

Reimbursement payments are made to program sponsors based on the number of half-pints of milk served each month to eligible children. There is no limit to the number of half-pints each eligible child can receive each day. Milk served to adults or milk used in cooking may not be claimed for reimbursement. More information on reimbursement claims can be found on page 5 and Appendix I.

Milk is reimbursed at a Free rate or a Paid rate. The Paid rate is determined annually by USDA every July 1, while the Free rate is the average cost of a half-pint as charged by the milk vendor to the program sponsor.

PRICING AND NON-PRICING PROGRAMS

Program sponsors may choose to serve milk under a pricing or a non-pricing program. A sponsor should consider the administrative requirements of each option, as well as the population to be served, when making a decision about which option to use. All options require that parents be provided written notification about the program. The amount of reimbursement provided by USDA depends upon the option chosen.

The information below provides a comparison of the three available program options.

Nonpricing

In a nonpricing program, either the milk is provided by the sponsor at no charge to all children, or the price of milk is included in the tuition or camping fee so that all children automatically receive milk. Sponsors of nonpricing programs are not required to collect Household Applications as determination and verification of a child's eligibility is not necessary. However, parents are still required to be notified about the availability of the SMP. (Refer to **Appendix A** for a sample Letter to Parents.) Reimbursement is claimed at the Paid rate. Meal count and cash/ticket collection procedures are not required for this type of milk program.

Pricing Program:

In a pricing program, children may be charged for milk. Sponsors have two options when offering a pricing program:

Pricing Without Free Milk:

Under this option, sponsors do not collect Household Applications and choose not to offer free milk. All children, regardless of eligibility, are charged the same amount for milk. The charge for milk is **not** included in tuition. Parents must be notified about the SMP. (Refer to **Appendix A** for a sample Letter to Parents.) Reimbursement is claimed at the Paid rate. Meal count and collection procedures and verification of eligibility are not required for this type of milk program.

Pricing With Free Milk:

This option allows the sponsor to provide free milk to children who qualify in accordance with the family size and Income Guidelines established by USDA. At the beginning of each school year or fiscal year, sponsors must distribute an approved Letter to Parents and Household Application to each household advising them of the availability of the program (**Appendices B and C**). Household Applications must be approved using the current fiscal year Income Guidelines as issued by USDA (**Appendix D**). Children who do not qualify for free benefits may receive milk free or be charged in accordance with the Policies and Procedures set by the sponsor. Reimbursement is claimed as either Free or Paid as determined on the Household Application. Meal count and cash/ticket collection procedures are required for this type of milk program, and sponsors must provide assurance that free milk is provided to needy children without physical segregation or overt identification. **Verification of eligibility is required for this option.** Sponsors will be required to report verification information to the Arizona

Department of Education by March 1st. Refer to the Free and Reduced-Price Policy Handbook and the CNP Verification Manual for detailed guidance on verification.

Exceptions can be made for children who reside in homeless shelters and can be approved to receive free milk without having a Household Application on file. However, documentation must be maintained on file with the sponsor to substantiate the child's eligibility. The documentation may consist of a list containing the following information:

- child's name
- effective date of eligibility
- date of withdrawal from school or change in eligibility
- residence (shelter, etc.)
- signature of determining official

Prior to processing Household Applications for the current school or fiscal year, a sponsor cannot claim or be reimbursed for free milk served to new children who are not part of a household approved the previous year. This regulation also applies to children who transfer between schools under the jurisdiction of different school districts unless the receiving school obtains a copy of the prior year's Household Application. Therefore, school officials are encouraged to expedite eligibility determinations for all such new enrollees. All households must be notified of their eligibility status (**Appendix E**).

For instructions of determining eligibility, notification to households, verification of eligibility, and the appeal process, consult your Free and Reduced-Price Policy Handbook.

All Household Applications, including those from households denied benefits and inactive Household Applications, must be kept on file for a minimum of three years after the end of the fiscal year to which they pertain. However, if audit findings have not been resolved, the Household Applications must be maintained as long as required for resolution of the issues raised by the audit.

Milk Pricing

The Special Milk Program must be operated on a nonprofit basis. When determining the charge to the child, the sponsor may consider the cost of straws, napkins, etc. in determining the cost to the child. For example:

Purchase price per half-pint	\$.19	Charge to child	\$.10
Straws, napkins	.06	Reimbursement	.15
Total cost	\$.25	Total income	\$.25

At no time should the total income exceed the sponsor's cost of administering the program.

RECORDKEEPING REQUIREMENTS

Program sponsors must keep records that document adherence to all Federal and State rules and regulations for the SMP, including records of income, expenditures and contributions received for three (3) years. Other recordkeeping requirements are described below:

Nonpricing Programs

Nonpricing program sponsors may report milk served based on their milk inventory. A sample work sheet (**Appendix F**) shows the method used in determining the number of half-pints of milk served each month. (**Appendix G** is a blank worksheet for recording monthly inventory using this method.)

Pricing Programs

Pricing Programs without Free Milk:

Sponsors operating a pricing program without free milk may also use milk inventory to determine the number of half-pints served by using the worksheets in **Appendices F and G**.

Pricing Programs with Free Milk:

Pricing sponsors are required to maintain the Household Applications for the SMP submitted by families. If the sponsor has multiple sites, the Household Applications must be filed by site.

Prior to participation in the SMP, sponsors operating a pricing program are required to detail their planned counting and cash/ticket collection procedures in **Section 6** of the online Sponsor Application located on CNP Web.

Sponsors operating a pricing program with free milk must record a daily count of the number of half-pints of milk served in each eligibility category of free or paid. Additionally, milk served to adults is **not** reimbursable, but must also be recorded on the daily count of the number of half-pints of milk served. Milk counts must be taken at the time when the child receives the milk (known as the point of service). The selected counting system should be based on the needs and available resources of the individual sponsor. Whatever system is used, it must ensure that an accurate count by eligibility category is achieved.

Acceptable counting systems include student names checked off from a classroom roster or a tally sheet. Counting systems that are **not** acceptable include attendance counts, classroom counts or counts taken anywhere other than at the point of service. Refer to **Appendix H** for a sample tally system worksheet.

THE REIMBURSEMENT CLAIM (Refer to Appendix I for additional information)

SMP sponsors may claim all milk served to children during the program day; milk served to adults or milk used in cooking is **not** reimbursable.

Monthly reimbursement claims must be submitted through the CNP Web by the **tenth (10th)** of the month following the claim month. If the 10th of the month falls on a Saturday, Sunday or a state holiday, the claims must be received on the following first working day.

Claims submitted through the CNP Web after the 10th of the month will be processed with the following months' claims. All claims submitted through the CNP Web within 60 calendar days following the claim month will be processed. A claim submitted through the CNP Web after 60 days may be granted a one-time exception, which is in effect for thirty-six (36) months. The written request must be submitted to the ADE to receive a one-time exception. No other exceptions may be granted within the thirty-six (36) month period.

Claims may be combined if not more than 10 days of program operation occurred in the first month. June and July claims may **not** be combined due to the reimbursement rate change in July. The end of the federal fiscal year claim (September) **cannot** be combined with the beginning of the next federal fiscal year claim (October).

A claim that has been created but not submitted for payment may be edited through the CNP Web at any time. Once a claim has been submitted for payment any changes must be completed by creating and submitting a revised claim. Revised claims are created by selecting the 'Create New Revision' option on CNP Web. A revised claim may be submitted within 60 calendar days following the claiming month. No upward revision will be paid after the 60-day deadline without a one-time exception. No exceptions will be granted if another exception (original or revised) was granted within a thirty-six month period. A downward revision may be made at any time.

Nonpricing Programs and Pricing Programs without Free Milk

Nonpricing programs and pricing programs without free milk report the number of half-pints of milk served to children in the 'Paid Half-Pints Served' section of the Reimbursement Claim. The reimbursement payment will be calculated by multiplying the number of half-pints of milk served by the current Fiscal Year's Paid reimbursement rate. Complete additional fields of the claim as required.

Pricing Programs with Free Milk

Pricing programs with free milk report the milk served to children who qualify as free in the 'Free Half-Pints Served' section of the Reimbursement Claim. The milk served to the remaining non-eligible children is reported in the 'Paid Half-Pints Served' section of the Reimbursement Claim. The rate of reimbursement for free milk will be determined by multiplying the average cost per half-pint of milk by the total number of Free half-pints served. The average cost per half-pints of milk is calculated based on the cost of the milk purchased during the month divided by the number of half-pints of milk purchased for the month. Complete additional fields of the claim as required.

ADDITIONAL PROGRAM REQUIREMENTS

Net Cash Resources

All sponsors must limit their net cash resources from the SMP to an amount that does not exceed three (3) months' average expenditures. The Net Cash Resources Worksheet (**Appendix J**) may be completed periodically to ensure that this requirement is being met.

Annual Financial Report

This report provides a summary of all revenues, expenditures and amount of milk purchased during the school year. The report is available online via Common Logon and must be completed each year by October 1.

Procurement Code of Standards

A written code of standards for bidding procedures to ensure ethical business practices must be developed and kept on file. Refer to **Appendix K** for a sample policy.

Procurement Procedures

A simple and informal method is appropriate when the aggregate estimated cost of one type of item, e.g., milk, is less than \$5,000 in one fiscal year. Price or rate quotations shall be obtained from three or more qualified sources. Copies of quotations must be retained for audit review.

All procurement transactions must be conducted in a manner that provides open and free competition.

Sponsors must establish procedures for the purchase of milk to ensure that the purchase is made efficiently, economically, and in compliance with federal and state laws.

Sealed bids are required when the aggregate cost of one type of item is \$33,689 or more in one year.

Civil Rights

Sponsors that participate in any Child Nutrition Program must be in compliance with federal Civil Rights requirements. Sponsors must assure that program benefits are made available and provided to all eligible individuals without discrimination on the basis of their race, color, national origin, age, sex or disability.

To comply with the requirements, all sponsors shall:

1. Ensure that all forms of communication and printed program information that are disseminated, especially the Letter to Parents for free milk, Household Applications and public releases include the nondiscrimination statement and complaint procedure:

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD).

"USDA is an equal opportunity provider and employer."

2. Inform parents/guardians of students, as well as local minority and grass roots organizations, of the availability of program benefits and services.
3. Display the nondiscrimination poster in a prominent place. The poster may be obtained from School Health and Nutrition office at ADE.
4. Make available to the public, to participants and to potential participants, information about program requirements and the procedures for filing a complaint, in English and/or in appropriate translations for non-English-speaking persons.
5. Each sponsor shall develop a method for collecting racial/ethnic data. Methods include determination of the information by an official through observation, personal knowledge or voluntary self-identification by an applicant on the Household Application form. As with all other records, information collected shall be kept on file for three (3) years. The Civil Rights Compliance Form (**Appendix L**) must be completed each year by December 15, and retained on file for review.

Refer to **Appendix M** for the procedure for filing a civil rights discrimination complaint.

**LETTER TO PARENTS
SPECIAL MILK PRICING PROGRAM**

Date _____

Dear Parent or Guardian:

The _____ School participates in the Special Milk Program, but has chosen not to offer free milk. Students may buy half pints of milk for _____ cents.

"The United States Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

Sincerely,

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Sincerely,

**Notificacion Para Padres
Programa Especial De Leche Precios**

Fecha _____

Estimados Padres o Tutor:

La escuela _____ participa en el Programa Especial de Leche, pero ha escogido no ofrecer leche gratis. Los estudiantes podrán comprar leche de 8 onzas por _____ centavos.

"El Departamento de Agricultura de los Estados Unidos (USDA, por sus siglas en inglés) prohíbe en todos sus programas y actividades la discriminación por raza, color, origen nacional, sexo, religión, edad, incapacidad, convicciones políticas, orientación sexual o estado civil. (No todas las bases prohibidas se aplican a todos los programas.) Las personas con incapacidades que necesitan medios alternativos de comunicación para obtener información sobre los programas (Braille, letras de gran tamaño, cintas de audio, etc.) deben comunicarse con el Centro TARGET del USDA llamando al (202) 720-2600 (voz y Dispositivo de Telecomunicaciones para Sordos).

Para presentar una queja por discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame al (202) 720-5964 (voz y Dispositivo de Telecomunicaciones para Sordos). "El USDA es un proveedor y empleador que ofrece igualdad de oportunidades."

Atentamente,

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Programa Especial De Leche Precios**

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Atentamente,

**LETTER TO PARENTS
SPECIAL MILK PROGRAM**

Dear Parent/Guardian:

The _____ School/District takes part in the Special Milk Program every school day. Children from households that meet federal income guidelines are eligible for free milk. To apply for free milk, complete the enclosed application, sign it, and return it to the school.

- If you now get Food Stamps, Cash Assistance (CA) or Food Distribution Program on Indian Reservations (FDPIR) for your child, that child is eligible for free milk.
- If your household income is at or below amounts on the income chart, your child is eligible for free milk.
- If you have a foster child, that child may be eligible for benefits regardless of your income.

INCOME CHART

Effective From July 1, 2005 to June 30, 2006

Household Size	Annual	Month	Week
1	\$17,705	\$1,476	341
2	23,736	1,978	457
3	29,767	2,481	573
4	35,798	2,984	689
5	41,829	3,486	805
6	47,860	3,989	921
7	53,891	4,491	1,037
8	59,922	4,994	1,153
For each additional Family Member add.....	+6,031	+503	+116

HOW TO APPLY:

If you are currently receiving Food Stamps, CA benefits, or FDPIR a **Free Meals Program Letter will not be mailed to you.** The district now has access to a Direct Certification System and is able to verify households receiving DES benefits. These children will be automatically qualified to receive free meals. The School/District will notify the household of the child's free meal benefits. If you are currently receiving FDPIR benefits, you will receive a letter indicating that you are certified to receive FDPIR. A copy of this letter may be obtained from your Indian Tribal Organization. If you wish for your child to receive free meal benefits, please submit a copy of this letter to your child's school. If you have not received a copy of this letter, complete the application with your child's name, FDPIR case number and the signature of one adult household member.

If you do not receive Food Stamps, CA or FDPIR benefits, fill in the application with the names of everyone in the household, the amount and source of the income, how often the income is received, and the signature and social security number of one adult household member.

If the adult signing the application does not have a social security number, please check the appropriate box.

OTHER INFORMATION:

- **VERIFICATION:** Your eligibility may be checked by school officials at any time during the school year. You may be asked to send information to prove that your child should get free milk.
- **FAIR HEARING:** If you do not agree with the school's decision on your application or the results of verification, you may wish to discuss it with the school. You also have the right to a fair hearing. You can do this by contacting the following official:

Name _____ Phone _____

Address _____

- **CONFIDENTIALITY:** The information you give on the application will be used only to allow your child to receive free milk and to verify eligibility.
- **REAPPLICATION:** You may apply for free milk at any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or receive food stamps, CA or FDPIR for your child, fill out an application then.
- **CHILDREN WITH DISABILITIES:** If a child has been determined by a doctor to be handicapped and the handicap would prevent the child from eating the regular school meal, this school will make any substitutions prescribed by the doctor. If a substitution is needed there will be no extra charge for the meal. If you believe your child needs substitutions because of a handicap, please get in touch with us for further information.

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Applications will be determined by _____
(Name and Title of Determining Official)

You will be notified when the application is approved or denied.

CARTA A LOS PADRES PROGRAMAS ESPECIAL DE LECHE

Querido Padre o Guardián:

La Escuela/Distrito _____ toma parte en el Programa Especial de Leche durante cada día escolar. Los niños/as de una familia que reúnen las cualidades requeridas por la oficina Federal de ingresos, son elegibles para leche gratuita. Para solicitar leche gratuita, complete la solicitud adjunta lo más pronto posible, fírmela, y devuélvala a la escuela.

- Si esta recibiendo Estampillas de Comida para su hijo, Asistencia en Efectivo (CA) o está en el Programa de Distribución de Comida en las Reservas Indias (FDIR), ese hijo puede recibir leche gratuita.
- Si el total de los ingresos recibidos en su casa está a nivel o por debajo del nivel de las cantidades que se indican en la tabla de abajo, su hijo puede recibir leche gratuita.
- Si tiene un hijo adoptado temporalmente, ese hijo puede ser elegible para beneficios, sin importar los ingresos económicos.

TABLA DE INGRESOS

Efectivo del 1 de Julio, 2005 al 30 de Junio, 2006
Número de miembros en la familia

	Anual	Mensual	Semanal
1	\$17,705	\$1,476	341
2	23,736	1,978	457
3	29,767	2,481	573
4	35,798	2,984	689
5	41,829	3,486	805
6	47,860	3,989	921
7	53,891	4,491	1,037
8	59,922	4,994	1,153

Por cada miembro adicional agregue +6,031 +503 +116

COMO SE SOLICITA

Si actualmente esta usted recibiendo beneficios de Estampillas de Comida o Asistencia Moneteria, no se le enviara una carta de parte del Programa de Comidas Gratuitas (Free Meals Program). El distrito escolar ahora cuenta con acceso directo al Sistema de Certificación, el cual nos permite verificar aquellos hogares que reciben beneficios a través de DES (Departamento de Seguridad Economica). Estos niños calificarán automáticamente para recibir comidas gratuitas. Si actualmente esta usted recibiendo beneficio de FDIR, se le enviara una carta indicando que usted esta certificado para recibir FDIR. Usted puede obtener una copia de esta carta a través de su Organización Tribal de Indios. Si usted desea que su hijo/a reciba beneficios de comidas gratuitas, favor de someter una copia de esta carta a la escuela de su hijo/a. Si usted no ha recibido copia de esta carta; complete el formulario con el nombre de su hijo/a, su número de caso FDIR y la firma de un adulto miembro de su hogar.

Si no recibe estampillas de comida o beneficios de CA o FDIR llene la solicitud con el nombre de todos los que viven en su hogar, la cantidad de ingresos que recibe cada individuo y la frecuencia en que recibe, de dónde viene el ingreso, la firma de un miembro adulto del hogar y su número de seguro social. Escriba "Ninguno" si la persona no tiene número de seguro social.

OTRA INFORMACION:

- **VERIFICACION:** Su elegibilidad puede ser revisada por oficiales escolares durante el año escolar. Se le puede pedir información para comprobar que su hijo debe recibir leche gratuita.
- **AUDIENCIA IMPARCIAL:** Si no está de acuerdo con la decisión de la escuela o de los resultados de la verificación, puede discutirlo con la escuela. También tiene derecho a una audiencia imparcial. Puede hacerlo llamando o escribiendo al siguiente oficial.

Nombre _____ Teléfono _____

Dirección _____

- **CONFIDENCIALIDAD:** La información que usted da en la aplicación será utilizada solo para permitir que su hijo reciba leche gratuita y para verificar la elegibilidad.
- **APLICACION DESPUES DEL COMIENZO DE LAS CLASES:** Puede aplicar para pedir leche gratuita en cualquier momento durante el curso escolar. Si en ese momento no es elegible pero ahora ha sufrido algún cambio, tal como disminución en los ingresos de la casa, aumento en el número de miembros de la familia, está desempleado o está recibiendo estampillas, CA o FDIR para su hijo/a, entonces llene una aplicación.
- **NIÑOS/AS CON IMPEDIMENTOS:** Si un niño/a ha sido diagnosticado por el médico como impedido, y esto le imposibilita comer las comidas que la escuela sirve regularmente, la escuela hará substitutiones que hayan sido recetadas por el médico. Si la substitution es necesaria no se aplicará ningún costo extra para las comidas. Si usted cree que su hijo/a necesita substitutiones por causa de algún impedimento, por favor póngase en contacto con nosotros para más información.

"El Departamento de Agricultura de los Estados Unidos (USDA, por sus siglas en inglés) prohíbe en todos sus programas y actividades la discriminación por raza, color, origen nacional, sexo, religión, edad, incapacidad, convicciones políticas, orientación sexual o estado civil. (No todas las bases prohibidas se aplican a todos los programas.) Las personas con incapacidades que necesitan medios alternativos de comunicación para obtener información sobre los programas (Braille, letras de gran tamaño, cintas de audio, etc.) deben comunicarse con el Centro TARGET del USDA llamando al (202) 720-2600 (voz y Dispositivo de Telecomunicaciones para Sordos).

Para presentar una queja por discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame al (202) 720-5964 (voz y Dispositivo de Telecomunicaciones para Sordos). "El USDA es un proveedor y empleador que ofrece igualdad de oportunidades."

Las solicitudes serán autorizadas por _____
(Nombre/título del oficial autorizado)

Se le notificará si la solicitud ha sido aprobada o denegada

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

APPENDIX: C-1

Part 1. Children in School

(Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade

**Part 2. Food Stamp / Cash Assistance /
FDPIR Case Number**

**If your child(ren) have a Case Number
please enter it here. Skip to Part 6.**

Part 3. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]
 Homeless ☐ Migrant ☐ Runaway ☐

Part 4. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box ☐ and then list the amount of the child's personal use monthly income: \$ _____. **Skip to Part 6.**

Part 5. Total Household Gross Income—You must tell us how much and how often

1. Name (List everyone in household)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, Child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 6. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: **X** _____ Print name: _____

Address: _____ Phone Number: _____

Social Security Number: ____ - ____ - ____ ☐ I do not have a Social Security Number

Part 7. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

- ☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American ☐ Other

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: ____

Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free ____ Reduced ____ Denied ____ Reason: _____

Temporary Free: ____ Time Period: _____ (expires after ____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

FEDERAL INCOME CHART For School Year 2005-2006			
Household size	Yearly	Monthly	Weekly
1	\$17,705	\$1,476	\$341
2	\$23,736	\$1,978	\$457
3	\$29,767	\$2,481	\$573
4	\$35,798	\$2,984	\$689
5	\$41,829	\$3,486	\$805
6	\$47,860	\$3,989	\$921
7	\$53,891	\$4,491	\$1,037
8	\$59,922	\$4,994	\$1,153
Each additional person:	\$6,031	\$503	\$116

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Cash Assistance (CA) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Updated forms can be found on the ADE website
www.ade.az.gov/health/safety/child

SOLICITUD PARA COMIDAS ESCOLARES GRATIS O A PRECIO REDUCIDO

APPENDIX: C-2

Parte 1. Niños en escuela (Use una solicitud diferente para cada hijo de crianza)

Nombres de todos los niños en escuela (Nombre, Inicial del Segundo Nombre, Apellido)	Nombre de la Escuela	Grado

Parte 2. Parte 2. El numero de caso de cupones para alimentos / Beneficios en Efectivo (Cash Assistance) / FDPIR

Si su(s) niño(s) tienen un número de caso por favor escríbalo aquí. Vaya a la parte 6.

Parte 3. Si el niño para el que usted solicita es un niño sin hogar, emigrante o que ha abandonado su hogar, marque el bloque apropiado y llame a [your school, homeless liaison, migrant coordinator at phone #]

Sin Hogar ☐ Emigrante ☐ Abandonó su Hogar ☐

Parte 4. Hijo de Crianza

Si esta solicitud es para un niño que es responsabilidad de una agencia de bienestar social o una corte, marque este bloque ☐ luego anote la cantidad de ingreso personal que recibe el niño mensualmente: \$ _____. Vaya a la parte 6.

Parte 5. Ingreso bruto de su hogar—Usted debe decirnos cuanto es y cuando lo recibe

1. Nombre (Anote a todos en su hogar)	2. Ingreso bruto y frecuencia <i>Ejemplo: \$100/mes \$100/dos veces al mes \$100/cada 2 semanas \$100/semanales</i>				3. Marque si no hay ingresos
	Ganancias del trabajo antes de deducciones	Asistencia de beneficios sociales, sustento de menores, pensión de divorcio	Pensiones, pensiones de jubilación, Ingresos de Seguro Social	Otros Ingresos	
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Parte 6. Firma y Número de Seguro Social (Un Adulto debe firmar)

Un miembro adulto de la familia deberá firmar esta solicitud. Si completa la parte 4, el adulto que firma la solicitud deberá anotar su número de Seguro Social o marcar el bloque que indica que no tiene número de Seguro Social. (Vea el Acta de Privacidad al Reverso)

Prometo que toda la información en esta solicitud es verdadera y que he reportado todos los ingresos. Entiendo que la escuela recibirá fondos Federales basado en la información que yo provea. Entiendo que los oficiales de la escuela pueden verificar dicha información. Entiendo que si deliberadamente proveo información falsa, mis niños podrían perder los beneficios de comidas y yo podría ser procesado legalmente.

Firme Aquí: X _____ Nombre deletreado: _____

Dirección: _____ Teléfono: _____

Número de Seguro Social: ____ - ____ - ____ ☐ No tengo número de Seguro Social

Parte 7. Identidad étnica y racial de los niños (opcional)

Marque una o más de las identidades raciales:

- ☐ Asiático ☐ Indígena Norteamericano o Nativo de Alaska
- ☐ Blanco ☐ Hawaiano o de otra isla del Pacífico

Marque una identidad étnica:

- ☐ Hispano Latino ☐ No Hispano ni Latino

☐ De raza negra o Afro-Americano ☐ Otro

No escriba en esta área. Esto es para uso oficial de la escuela.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: ____ Date Withdrawn: ____ Eligibility: Free ____ Reduced ____ Denied ____ Reason: _____

Temporary Free: ____ Time Period: _____ (expires after ____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____ Follow-up Official's Signature: _____ Date: _____

Sus niños podrían

calificar para comidas gratis o a precio reducido si el ingreso familiar está dentro de los límites de esta tabla.

TABLA FEDERAL DE INGRESOS			
Para el Año Escolar 2005-2006			
Tamaño del Hogar	Anual	Mensual	Semanal
1	\$17,705	\$1,476	\$341
2	\$23,736	\$1,978	\$457
3	\$29,767	\$2,481	\$573
4	\$35,798	\$2,984	\$689
5	\$41,829	\$3,486	\$805
6	\$47,860	\$3,989	\$921
7	\$53,891	\$4,491	\$1,037
8	\$59,922	\$4,994	\$1,153
Cada persona adicional:	\$6,031	\$503	\$116

Declaración del Acta de Privacidad: Esto explica como nosotros usaremos la información que usted nos provea.

La Ley Nacional de Almuerzo Escolar, Richard B. Russell, exige la información en esta solicitud. Usted no tiene que proveer la información pero si no lo hace, nosotros no podemos autorizar que sus hijos reciban comidas gratis o a precio reducido. Se requiere el número de Seguro Social del miembro adulto del hogar quien firma la solicitud. El número de Seguro Social no es necesario si usted está solicitando para un hijo de crianza o usted anota el número de caso de Cupones para Alimentos, Beneficios en Efectivo (Cash Assistance), por sus siglas en inglés) o el Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR, por sus siglas en inglés) asignados a los niños para los cuales está solicitando. Tampoco es necesario proveer el número de Seguro Social si usted indica que el miembro adulto del hogar que firmó la solicitud no tiene un número de Seguro Social. Nosotros usaremos su información para evaluar si sus hijos califican para comidas gratis o a precio reducido, para desarrollar el programa, y para hacer cumplir con las reglas del programa. Nosotros PODRÍAMOS compartir su información de elegibilidad con programas de educación, salud y nutrición para ayudar a esos programas a evaluar, financiar o determinar beneficios; con auditores que revisan programas; y con personal de justicia para ayudarles a investigar violaciones a las reglas de estos programas.

Declaración de No-Discriminación: Esto explica qué hacer si usted cree que se le ha tratado injustamente. De acuerdo con la ley Federal y la política del Departamento de Agricultura, está prohibido que esta institución discrimine por motivo de raza, color, nacionalidad, sexo, edad o incapacidad. Para presentar una queja por discriminación, por favor escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 o llame al 202-720-5964 (voz y TDD). USDA no discrimina en sus programas y empleo.

Updated forms can be found
on the ADE website
www.ade.az.gov/health-safety/cnp/nsdp/

(For School Determining Official's Use Only)

USDA CHILD NUTRITION PROGRAM INCOME GUIDELINES

July 1, 2005 - June 30, 2006

FREE**HOW OFTEN INCOME WAS RECEIVED**

Family Size:	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$12,441	1,037	519	479	240
2	16,679	1,390	695	642	321
3	20,917	1,744	872	805	403
4	25,155	2,097	1,049	968	484
5	29,393	2,450	1,225	1,131	566
6	33,631	2,803	1,402	1,294	647
7	37,869	3,156	1,578	1,457	729
8	42,107	3,509	1,755	1,620	810
Each Additional Member Add:	+4,238	+354	+177	+163	+82

REDUCED**HOW OFTEN INCOME WAS RECEIVED**

Family Size:	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$17,705	1,476	738	681	341
2	23,736	1,978	989	913	457
3	29,767	2,481	1,241	1,145	573
4	35,798	2,984	1,492	1,377	689
5	41,829	3,486	1,743	1,609	805
6	47,860	3,989	1,995	1,841	921
7	53,891	4,491	2,246	2,073	1,037
8	59,922	4,994	2,497	2,305	1,153
Each Additional Member Add:	+6,031	+503	+252	+232	+116

Note:

If all income is received on the same schedule

*Example: welfare = \$100/month & pension = \$300/month***DO NOT** use conversion factors

If family reports income sources from more than one schedule

*Example: welfare = \$100/month & pension = \$300/week*Income **MUST** be converted to yearly.

Yearly Income = Monthly x 12

Yearly Income = Twice Per Month x 24

Yearly Income = Every Two Weeks x 26

Yearly Income = Week x 52

DO NOT round the values resulting from each conversion

NOTIFICATION LETTER FOR FREE MILK

Dear _____:

Your application for free milk for your child(ren) has been:

☐ Approved for free milk

Denied for the following reasons:

☐ Income over the allowable amount
☐ Food Stamp/CA/FDPIR case # invalid
☐ Incomplete application. The following information is missing: _____

☐ Other: _____

If you do not agree with the decision, you may discuss it with the school official, and you have the right to a fair hearing. This can be done by contacting the following official:

_____	_____	_____
Name	Address	Phone

You may reapply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in household size, you may fill out another application at that time.

This notification letter may qualify your child for other benefits such as educational scholarships, fee waivers and specific educational programs. Take this letter to the district office (or other agency office) for more information on these benefits.

"The United States Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

Sincerely,

_____	_____	_____
Name	Title	Date

NOTIFICACION PARA LECHE GRATUITA

Estimado/a _____:

Su aplicación para leche gratuita para su hijo/a ha sido:

☐ Aprobada para Leche Gratuita

Denegada por las siguientes razones:

- ☐ Los ingresos económicos son mayores que la cantidad permitida
- ☐ El numero de caso que uso en su aplicación en referencia a Estampillas de Comida, Asistencia Monetaria o FDPIR, no es valido.
- ☐ La aplicación está incompleta. Falta la siguiente información: _____

☐ Otro: _____

Si no está de acuerdo con la decisión, puede discutirlo con el oficial de la escuela, y tiene derecho a una audiencia imparcial. Puede hacer ésto llamando o escribiendo al siguiente oficial:

_____ Nombre	_____ Dirección	_____ Teléfono
-----------------	--------------------	-------------------

Puede volver a solicitar para recibir estos beneficios en cualquier momento durante el año escolar. Si usted no califica ahora pero sus ingresos económicos se reducen, pierde su trabajo, o aumenta el número de personas que viven en la casa, entonces usted necesita en ese momento llenar otra solicitud.

Esta carta de notificación puede cualificar a su hijo para otros beneficios tales como becas, compensación de cuotas, y programas de educación específicos. Para recibir más información en relación con estos beneficios, lleve esta carta a la oficina del distrito (o cualquier otra oficina de la agencia).

"El Departamento de Agricultura de los Estados Unidos (USDA, por sus siglas en inglés) prohíbe en todos sus programas y actividades la discriminación por raza, color, origen nacional, sexo, religión, edad, incapacidad, convicciones políticas, orientación sexual o estado civil. (No todas las bases prohibidas se aplican a todos los programas). Las personas con incapacidades que necesitan medios alternativos de comunicación para obtener información sobre los programas (Braille, letras de gran tamaño, cintas de audio, etc.) deben comunicarse con el Centro TARGET del USDA llamando al (202) 720-2600 (voz y Dispositivo de Telecomunicaciones para Sordos).

Para presentar una queja por discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame al (202) 720-5964 (voz y Dispositivo de Telecomunicaciones para Sordos). "El USDA es un proveedor y empleador que ofrece igualdad de oportunidades."

Sincerely,

_____ Nombre	_____ Posición	_____ Fecha
-----------------	-------------------	----------------

HOW TO DETERMINE NUMBER OF MILKS SERVED FOR NONPRICING PROGRAMS or PRICING PROGRAMS WITHOUT FREE MILK

The method shown in the example below may be used to compute the amount of milk reported for the paid category in the Special Milk column on the reimbursement claim.

BEGINNING INVENTORY (half-pints Pts. on Hand)	<u>- 0 -</u>	
Total Number of half-pints Pts. Purchased During Month (Add)	<u>5,200</u>	
TOTAL HALF-PINTS AVAILABLE		<u>5,200</u>
LESS:		
*Total No. of half-pints Pts. Served to Adults During Month	<u>780</u>	
Ending Inventory	<u>- 0 -</u>	
SUBTOTAL (Subtract)		<u>(780)</u>
TOTAL (Post to the paid category in Special Milk column on the claim)		<u><u>4,420</u></u>

***Milk Served to Adults**

(Milk served as a beverage to adults is NOT eligible for reimbursement. The number of half-pints of milk served to adults during the month shall be determined by actual daily count, or as a percentage of the total milk purchased as explained below.)

Use the following steps if applying the percentage method:

1. To obtain a percentage, divide the total number of adults by the total number of persons in average daily attendance regularly having access to the milk service.

Example: Total Average Daily Attendance was 130.

$$\frac{\text{Total No. of Adults}}{\text{Total Average Daily Attendance}} = \frac{20}{130} = .15 \text{ or } 15\%$$

2. Multiply the percentage by the total number of half-pints available during the month.

Example: $.15 \times 5,200 = 780$ (half-pints served to adults)

3. Subtract the amount of half-pints served to adults during the month from the total number of half-pints available during the month before posting to the paid category on the claim.

Example: $5,200 - 780 = 4,420$. Post to the paid category in the Special Milk column on the claim.

**WORK SHEET FOR DETERMINING NUMBER OF MILKS SERVED FOR
NONPRICING PROGRAM or PRICING PROGRAM WITHOUT FREE MILK**

MONTH _____

YEAR _____

Use the following method for computing the paid category in the Special Milk column on the reimbursement claim.

BEGINNING INVENTORY (half-pints on Hand)

Total Number of half-pints Purchased During Month (Add)

TOTAL HALF-PINTS AVAILABLE

LESS:

Total No. of Half-Pints Served to Adults During Month

Ending Inventory

SUBTOTAL (Subtract)

TOTAL (Post to paid category in Special Milk column on the claim)

=====

Signature _____ Date _____

**Special Milk Program Daily Worksheet
(Pricing Program)**

School _____ Month _____ Year _____

Date	Free	Paid	Adults	No. Half-Pints Purchased	Cost
TOTAL (POST TO CLAIM)	FREE CATEGORY	PAID CATEGORY		HALF-PINTS PURCH.	COST OF MILK

**REQUIRED DATA NEEDED TO SUBMIT REIMBURSEMENT
FOR THE SPECIAL MILK PROGRAM**

DOCUMENTATION MUST BE AVAILABLE FOR ALL DATA ENTERED. CLAIMS MUST BE SUBMITTED ON THE 10TH OF EVERY MONTH FOLLOWING THE MONTH OF OPERATION.

1. Total Number of **Days Served**.
2. Total **Paid Half-Pints Served**.
3. Total **Free Half-Pints Served**.
4. **Cost of Milk Purchased** During the Month. *(Do not report the cost of milk on hand at the beginning of the month.)*
5. **Number of Half-Pints Purchased** During the Month.
6. **Average Cost per Half-Pint** of Milk (this will be calculated based on number 4 and 5 above)

NET CASH RESOURCES WORKSHEET

CTD # _____ Sponsor Name _____ Month and year of _____

Net Cash Resources means all monies that are available to, or have accrued to a sponsor's non-profit food service account at any time during the specified month, less accounts payable. Indirect costs are included in determining the average monthly expenditures.

CASH ON HAND:

a. Change Funds \$ _____

b. Deposits in Transit \$ _____

CASH DEPOSITED:

c. Fund Balance at Commercial Bank \$ _____

d. Food Service Fund (Public Schools 510) Balance \$ _____
(Fund balance at the County Treasurer)**ACCOUNTS RECEIVABLE:**e. Federal Reimbursement \$ _____
(Amount due; not yet received)f. Student Charges \$ _____
(Amount due for Charged Meals)

TOTAL CASH AVAILABLE \$ _____
(Total a – f)

Less: Accounts Payable (Unpaid Invoices, Wages & Indirect Cost, if any). \$ _____

CASH AVAILABLE AFTER ACCOUNTS PAYABLE \$ _____
Cash Available cannot be higher than
the Average Three Months
Expenditures below

AVERAGE THREE MONTHS' EXPENDITURES \$ _____
Total Food Service Expenditures year-to-date, divided by the number of operating
Months to date, times three.

Signature and Title of Authorized Representative_____
Date

**SAMPLE
PROCUREMENT POLICY
CODE OF STANDARDS**

Any officer, employee, or agent of the _____ sponsor _____, who has occasion to handle school food or monies, shall perform his/her duties in a manner consistent with good business practices.

1. Solicitation or acceptance of gratuities, favors, or anything of monetary value from contractors, potential contractors, or parties to sub-agreements.
2. Participation in awards or administration of contracts to firms in which the employee, or any member of his/her immediate family, has a financial or other interest.

Where financial interest is not substantial, or the gift is unsolicited and of nominal intrinsic value, such interest shall be documented and approved by _____ sponsor _____ before acceptance.

Penalties or other disciplinary actions for infractions of this policy will be based on the seriousness of the violations. Disciplinary actions may include, but are not limited to

1. written disciplinary report filed in individual's personnel file;
2. suspension of duties;
3. termination of employment;
4. prosecution of legal authorities.

Civil Rights Compliance

Sponsor Name

Date of Completion

The United States Department of Agriculture (USDA) regulations outline each sponsor's responsibility regarding civil rights compliance in the school nutrition programs. The following checklist furnishes an overview of the requirements. Complete this form each year by December 15th and retain on file for program audit/review.

- | | YES | NO | N/A |
|--|-------|-------|-------|
| 1. Is the complete nondiscrimination statement included on the parent letter and all other printed material? | _____ | _____ | |
| 2. Have any complaints of discrimination (written or verbal) been received this school year? | _____ | _____ | |
| 3. If "yes" to number 2, have they been acted upon according to the sponsor's written procedures? | _____ | _____ | _____ |
| 4. Is the nondiscrimination poster displayed in a prominent place at each site? | _____ | _____ | |
| 5. Is program information made available to major employers contemplating layoffs? | _____ | _____ | _____ |
| 6. Are program materials printed in a language other than English, if needed? | _____ | _____ | _____ |
| 7. Do admission procedures restrict enrollment by minority persons? | _____ | _____ | |
| 8. Are handicapped students including those with special dietary needs, provided program benefits as appropriate? | _____ | _____ | |
| 9. Complete the following chart for each site on the program. This information should be compiled from the applications for free milk, as completed by households. For sponsors not collecting applications, enrollment information may be used. | | | |

	Number Approved for Free Milk	Number Denied
American Indian or Alaskan Native	_____	_____
Asian	_____	_____
Black or African American	_____	_____
Hispanic or Latino	_____	_____
White	_____	_____
Native Hawaiian or Other Pacific Islander	_____	_____
Total	_____	_____

FILING DISCRIMINATION COMPLAINTS

Any person alleging discrimination based on race, color, national origin, gender, age or disability has a right to file a complaint within 180 days of the alleged discriminatory action. All written discrimination complaints shall be sent directly to the USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC, 20250-9410 or call (202) 720-5964 (voice and TDD). Verbal complaints, including anonymous complaints, shall be accepted.

In the event that a complaint is made verbally, the person receiving the allegation shall write up the complaint to include as much of the following information as possible:

- a) Name, address and telephone number or other means of contacting the complainant.
- b) The specific location and name of the entity delivering the program service or benefit.
- c) The nature of the incident(s) or actions(s) that lead the complaint to be filed.
- d) The basis on which the complainant feels discrimination has occurred, i.e., race, color, national origin, gender, age or disability.
- e) The names, titles and addresses of persons who may have knowledge of the discriminatory action.
- f) The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.